

**APPLICATION FOR
RESIDENTIAL CARE FACILITY ADMINISTRATOR LICENSE**

INSTRUCTIONS

NOTE: ANY PRACTICE AS A RESIDENTIAL CARE FACILITY ADMINISTRATOR IN IDAHO PRIOR TO OBTAINING A VALID LICENSE OR PERMIT IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF LICENSURE. (§54-4203. & §54-4212., I.C.)

The following application consists of this instruction page and three pages which require responses. Please complete the entire application by providing all of the requested information. Your signature must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted below. The Board will consider only properly completed applications.

The board may issue a temporary permit to any applicant who meets all requirements for licensure except that of having passed the examination. **NOTE: All applicants must document the completion of an approved course of study before a permit or license can be issued.**

Please read all questions carefully. Several questions, if answered Yes, require additional documentation. You are required to contact the source of the required documentation and request that said documentation be submitted directly to the Board office at the address below. If the source will not provide the documentation, or the documentation is otherwise unobtainable, you must submit a written explanation and any documents in your possession that would assist the Board in reviewing your application. All requested information, application fee, and other relevant fees must be provided. Failure to provide a complete application will result in its return to you.

APPLICATION FEE \$50.00

PROVISIONAL PERMIT FEE \$40.00

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current & historical medical documentation identifying your disability and supporting the need for the accommodations being requested.

Questions regarding this application or the requirements for licensure may be addressed to:

BUREAU OF OCCUPATIONAL LICENSES

1109 Main Street, Suite 220

Boise, Idaho 83702-5642

(208) 334-3233

FAX (208) 334-3945

E-mail - rca@ibol.state.id.us

Web site – www2.state.id.us/ibol/rca.htm

STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642

APPLICATION FOR RESIDENTIAL CARE FACILITY ADMINISTRATOR LICENSE

(see instructions)

I hereby submit my qualifications and make application for a license to practice as a Residential Care Facility Administrator in the State of Idaho under the provisions of Title 54, Chapter 42, Idaho Code as amended and provide the following:

1. **Full Name** (Mr., Mrs., or Ms.) _____
2. **Mailing Address** _____
Street/PO Box _____ City _____ State _____ Zip _____
3. **Date of Birth** ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
month day year
(Proof of age must be attached. A copy of your birth certificate, passport, military ID, or valid driver's license is acceptable.)
4. **Daytime phone** (____) _____ **Fax** (____) _____ **E-mail** _____
5. **Are you a high school graduate or the equivalent?** [] Yes [] No
(If Yes, official certification of graduation or the equivalent must be received by the Board directly from the issuing authority.)
6. **Have you completed the National Residential Care Association Program for Residential Care Facility Administrators, or the Board approved equivalent?** [] Yes [] No
(If Yes, official documentation of course content and transcripts showing successful completion of courses substantially meeting course content requirements must be received by the Board directly from the course provider. See Rule 300.04.a)
7. **Have you ever been licensed or certified as a healthcare professional in any other state, or country?** [] Yes [] No
(If Yes, certified documentation must be received by the Board directly from each issuing authority.
If currently licensed in Idaho as a Nursing Home Administrator, enter license number here _____ and skip the addendums.)
8. **Have you ever had any professional license or certification revoked, suspended or otherwise sanctioned?** [] Yes [] No
(If yes, a copy of the charges and the final order must be received by the Board before your application will be processed.)
9. **Have you ever been convicted, found guilty, received a withheld judgment or suspended sentence for any State or Federal felony or crime involving moral turpitude?** [] Yes [] No
(If yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)
10. **Do you wish to be considered for a Temporary Permit?** [] Yes [] No
(If Yes, enclose the additional required fee of \$40.00. This fee will be refunded if no permit is issued.)

Complete and attach the entire APPLICATION ADDENDUM.

AFFIDAVIT

I hereby certify under oath that the responses provided above and those attached to this application are true and accurate to the best of my knowledge and belief. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing the practice of Residential Care Facility Administrators and with Chapter 33, Title 39, Idaho Code, and Title 39, Chapter 35, Idaho Code, and the rules for licensed residential and assisted living facilities in Idaho as promulgated by the Idaho Department of Health and Welfare. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

APPLICATION ADDENDUM

A. **CHARACTER REFERENCES:** Please provide the names and addresses of two character references below. References may not be members of the applicant's immediate family (parents, stepparents, grandparents, step-grandparents, or siblings).

_____	_____
_____	_____
_____	_____

B. **RELATED WORK EXPERIENCE:** List your residential care work experience including employers names, addresses, phone numbers and dates of practice.

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYERS NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF DUTIES _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYERS NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF DUTIES _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYERS NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF DUTIES _____

(If more space is needed, attach a separate sheet of paper)

APPLICATION ADDENDUM

(continued)

C. **PHOTOGRAPH:** Please attach an original passport style photograph of yourself below.

HEIGHT _____

WEIGHT _____

ATTACH PHOTOGRAPH HERE

EYE COLOR _____

HAIR COLOR _____

OTHER DISTINGUISHING FEATURES _____

D. **CURRENT LICENSES AND CERTIFICATIONS:** Please list below any healthcare licenses, certifications, or other regulatory credentials ever held, including current status (active, inactive, suspended, revoked, otherwise sanctioned, etc.)

LICENSURE/CERTIFICATION TITLE _____

ISSUING ENTITY _____

DATE ISSUED _____ CURRENT STATUS _____ EXPIRATION DATE _____

IF EVER SANCTIONED, LIST REASON AND SANCTION DESCRIPTION _____

LICENSURE/CERTIFICATION TITLE _____

ISSUING ENTITY _____

DATE ISSUED _____ CURRENT STATUS _____ EXPIRATION DATE _____

IF EVER SANCTIONED, LIST REASON AND SANCTION DESCRIPTION _____

LICENSURE/CERTIFICATION TITLE _____

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(If more space is needed, attach a separate sheet of paper.)